

**RIDOH State Health Laboratories Test Requisition**

50 Orms St., Providence, RI 02904-2222

401-222-5600; Fax: 401-222-6985; TTY: 800-745-5555

www.health.ri.gov

Affix RISHL sticker here.

Client	Name:	RISHL client #:
	Address:	Phone:

Provider	Enter information as it appears on State medical license		
	Name:		NPI:
	Phone:	Fax:	
	OTHER Report to (pediatric lead only):		

Patient	Last name:		First name:		
	Address:				
	Phone:	DOB:	Male	Female	MRN:
	Ethnicity:	Race:		Language:	
	Parent name (Lead only):				

Insurance	Insured's name:	ICD-10 code:
	Insurance company:	Policy number:
	Address:	

Specimen Information			
(For collection guidance: http://www.health.ri.gov/programs/laboratory/biological/about/specimensubmission/)			
Collection date:		Specimen type:	
Pre-approval required; call 401-222-2577 ¹		Microbiology	Sexually Transmitted Infections
	Biothreat Agent rule-out or confirmation (including Ebola)	AFB Isolate ID (including regulatory compliance) ³	Chlamydia/Gonorrhea/Trichomoniasis
	Chikungunya Serology	AFB Smear and Culture	Chlamydia/Gonorrhea
	Dengue Serology	Bacterial Isolate (ID/confirmation)	HIV/Hepatitis C virus
	Measles PCR	Bacterial Isolate (regulatory compliance) (excludes AFB, Enteric and CRE/CRPA Isolates) ³	Hepatitis C virus
	MERS CoV PCR	Blood Parasite (ID/Confirmation)	HIV
	Mumps PCR	CRE/CRPA Isolate ³	Syphilis
	Norovirus PCR (outbreaks)	Enteric Pathogen Isolate ^{3,4}	Trichomoniasis
	Varicella Zoster PCR	Influenza PCR (Sentinel Providers Only)	Toxicology
	West Nile Virus Serology	Pertussis PCR ⁵	
	Zika Serology and PCR	Primary Specimen (note test request on comment line) ⁶	
Pre-approval required; call 401-222-5606 ²		TB PCR	Lead Screen
	Cyanide (Blood)		Lead Diagnostic ⁸
	Heavy Metals Panel (Blood) ^a	CDC Send-out (note test request on comment line) ⁷	Fentanyl Analog Panel
	Toxic Element Panel (Urine) ^b		Opioids Panel
	Toxic Element Expanded Panel (Urine) ^c	Comments/Other test requests:	
	Volatile Organic Compounds (Serum) ^d		

For State Health Laboratory Use Only

Date received:	Received by:
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Red/SST Serum Lav. Gray Urine Respiratory Swab Stool CSF Isolate Other: _____

Ethnicity, Race, and Language (Write codes on the front of Test Requisition or use drop-down menus on fillable pdf)					
Ethnicity		Primary language spoken			
1	Unknown	00	Unknown	05	Hmong
2	Hispanic/Latino	01	Cambodian/Mon Khmer	13	Italian
3	Not-Hispanic or Latino	02	Cape Verdean	06	Laotian
		11	Chinese	07	Portuguese
		03	English	08	Russian
A	Unknown/Refused	04	French	09	Spanish
B	White / Caucasian	12	French – Creole	10	Vietnamese
C	Black/African American				
D	American Indian/Alaskan native (including South and Central America)				
E	Native Hawaiian/Pacific Islander				
I	Asian				
J	Other				

Specimen Type (Write on the front of Test Requisition or use drop-down menus on fillable pdf.)		
Abscess	Eye	Serum (acute)
Ascites fluid	Fingerstick	Serum (convalescent)
Blood	Gastric aspirate	Sputum
Bone marrow	Heart blood	Stool
Bronchial wash	Lung wash (Left)	Synovial fluid
Bronchial wash (Left)	Lung wash (Right)	Thoracentesis fluid
Bronchial wash (Right)	Lung wash (Left and Right)	Throat (pharyngeal)
BAL lower lobe (Left)	Lymph node	Tissue (specify site on comment line)
BAL lower lobe (Right)	Nasopharynx	Urethral
BAL Middle lobe (Right)	Paracentesis fluid	Urine
BAL Upper lobe (Left)	Pericardial fluid	Vaginal
BAL Upper lobe (Right)	Peritoneal fluid	Wound (specify site on comment line)
Cerebrospinal fluid (CSF)	Pleural fluid	Other (write source on comment line)
Cervical	Rectal	

Further details on tests requested	
1	Pre-approval is required from RIDOH Center for Acute Infectious Disease (401-222-2577) prior to submission of specimen.
2	Pre-approval is required from RIDOH State Health Laboratories (401-222-5606) prior to submission of specimen
3	Regulatory Compliance: A list of microorganisms mandated by State law/regulation to be sent to Rhode Island State Health Laboratories is available at http://health.ri.gov/lists/ReportableDiseasesforLabs.pdf . Isolates are pure cultures (except select enteric specimens *see footnote 4) submitted for identification, confirmation, further studies, or banking.
4	Enteric isolates (regardless of source) include: *E. coli (shiga-toxin producing), *Salmonella spp., *Shigella spp., Campylobacter spp., Vibrio spp., and Yersinia spp., (*specimens may be submitted as stools in GN broth (24-hour incubation required)).
5	For pertussis testing, left and right nasopharyngeal swabs are considered as one specimen. Test detects Bordetella pertussis and Bordetella parapertussis.
6	Special Pathogens Primary refers to the submission of clinical specimens (serum, CSF) for testing at RISHL.
7	CDC Send Out is utilized for submission of specimens or isolates being forwarded to the Centers for Disease Control and Prevention (CDC) for specific testing. The CDC submission form is available from the Special Pathogens Laboratory (401-222-5586).
8	Lead Diagnostic requires venipuncture specimen for confirmation of lead poisoning: Enter one code: L1: child with previous elevated lead level L2: child showing signs/symptoms of lead poisoning L3: child suspected of having sustained a significant lead exposure

Further details on Toxicology Testing	
a	Cd,Hg,Pb
b	As,Ba,Be,Cd,Hg,Pb,Tl,U
c	As,Ba,Be,Cd,Co,Cs,Hg,Mn,Mo,Pb,Pt, Sb,Sn,Sr,Tl,U,W
d	1,2 Dichloroethane, Benzene, Carbon tetrachloride, Chloroform, Ethylbenzene, Styrene, Tetrachloroethylene, Toluene, m/p-Xylene, o-Xylene